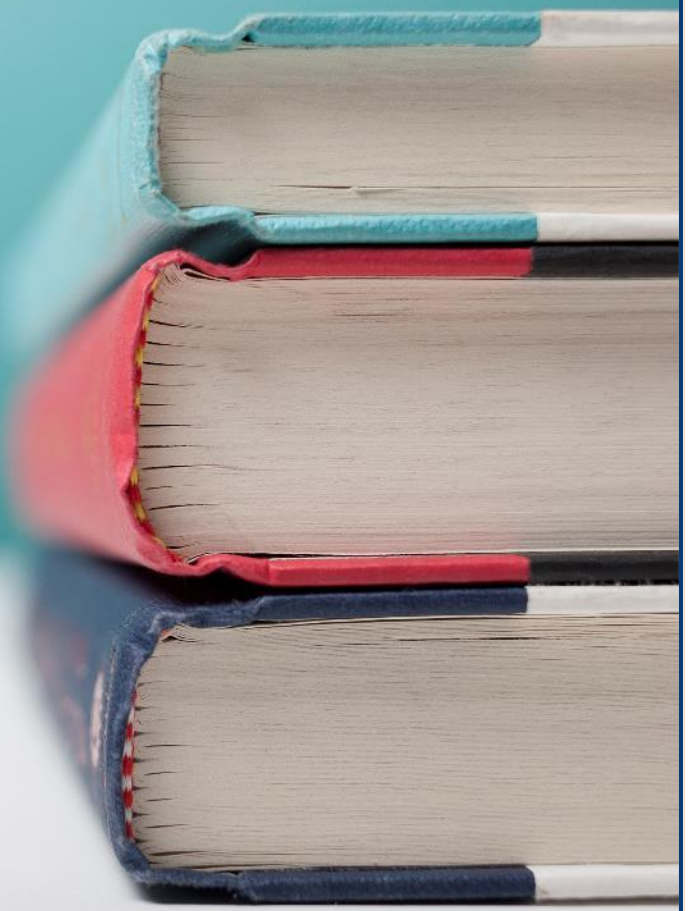
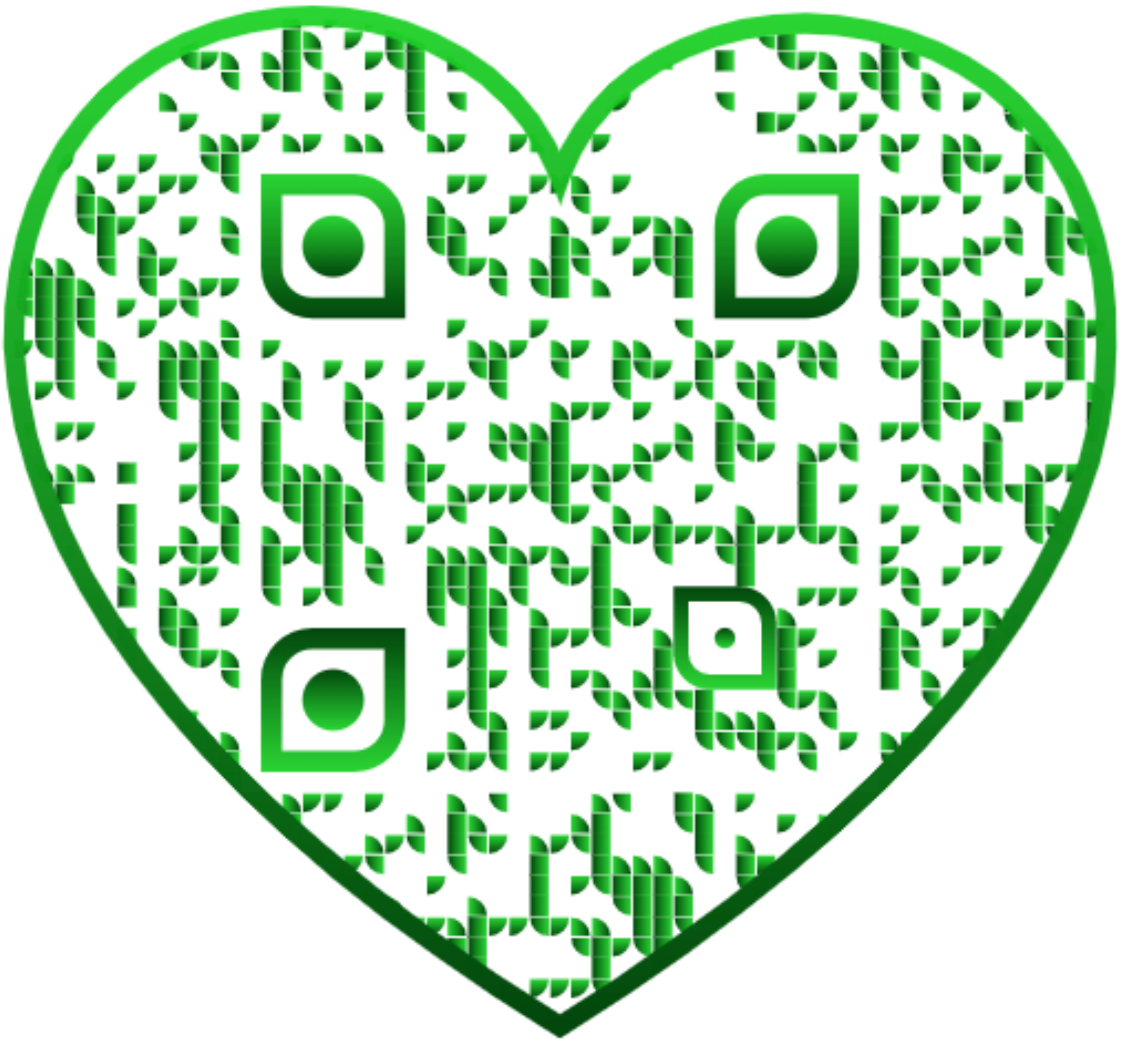
Launch

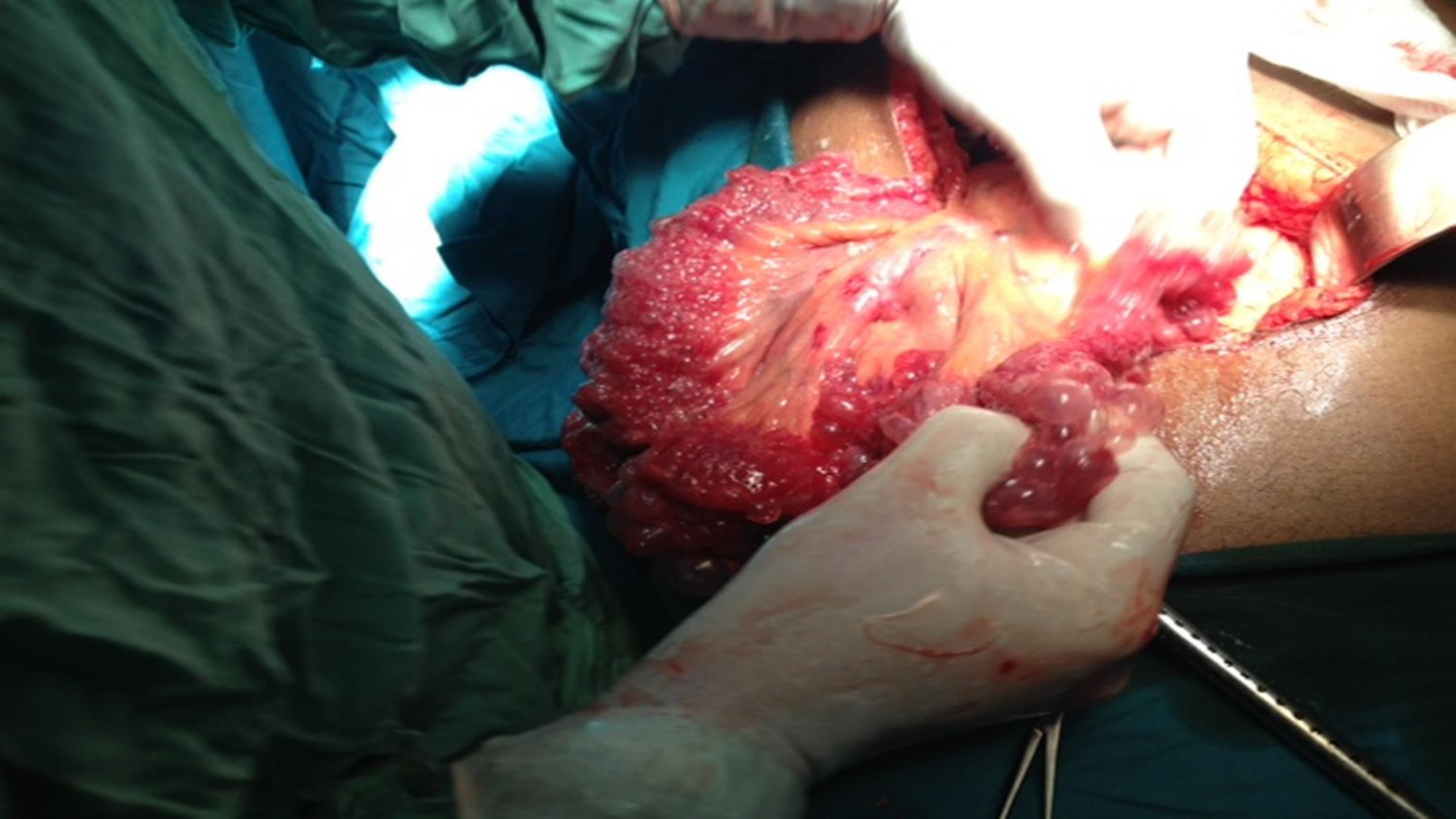
SURGERY MINI OSCE

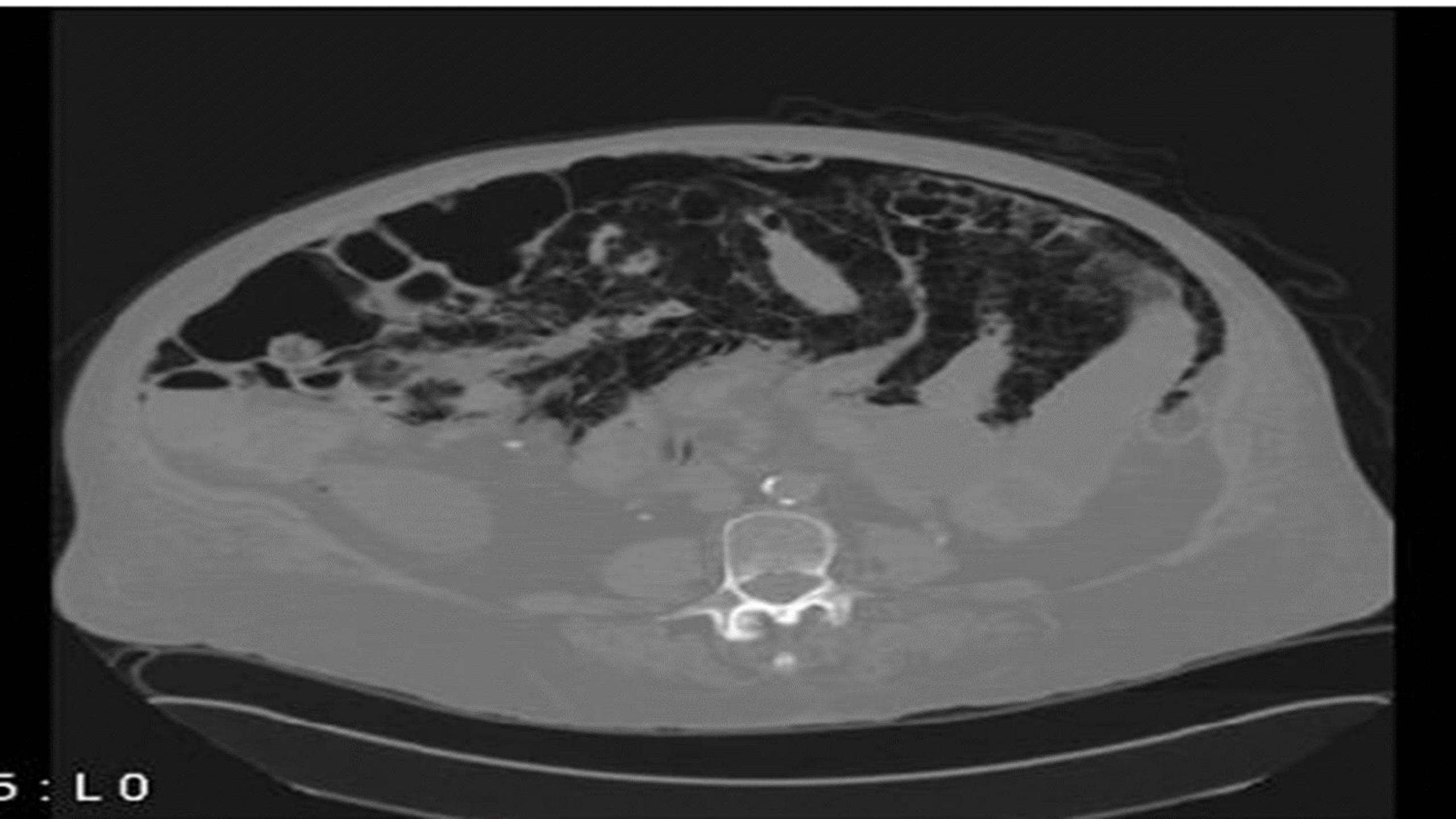




BOFFIN

SLIDE NO 1




5 : L O

Q-55 years male patient present with diffuse abdominal pain and severe tenderness. Obese on steroid therapy for rheumatoid. Plain X ray revealed air under diaphragm.

1. Possible diagnosis ?
2. Pathological changes ?
3. Exact time of definitive diagnosis ?
4. Best treatment ?

1- Pseudomyxoma peritonei ??

2-

SLIDE NO 2

Q-Middle age male patient of 51 years. Known case of DM on oral drug therapy. Present with high grade fever. Offensive discharge from the right foot

1. Diagnosis

2.Describe the lesions in this foot ?

3. Initial simple imaging study ? And 2 possible findings ?

4.Best method of dressing for wide deep ulcer ?

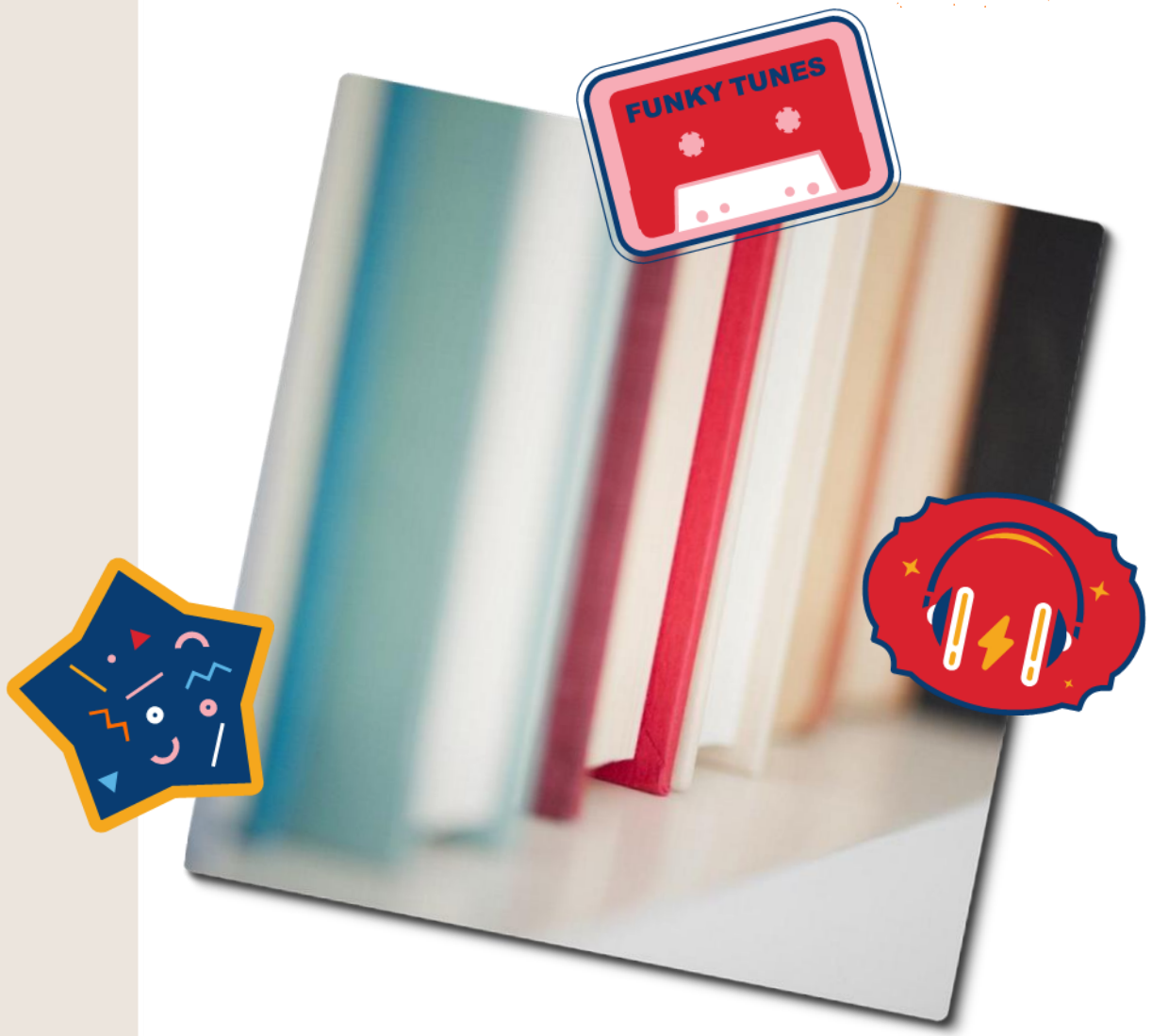
1- Diabetic right foot

2- Necrosis, tissue loss reaching the bone in the planter aspect of the foot

3- Foot X-ray may show osteomyelitis, pathological fracture, Charcot’s joint or gas in soft tissue.

4- Vacuum dressing

SLIDE NO 3



2005 2 9

Q-25 years man seen in the surgical outpatient after continuous medical therapy for fungal disease but without any document .

1.What is the possible diagnosis ?

2.Describe this lesion . And what is the best treatment at moment ?

3.What type of drug or drugs used by this patient ?

4.Precaution during this drug administration ?

5.Prognosis ?

1-actinomyces israelii ???

2-

Treatment is Surgery and Penicillin

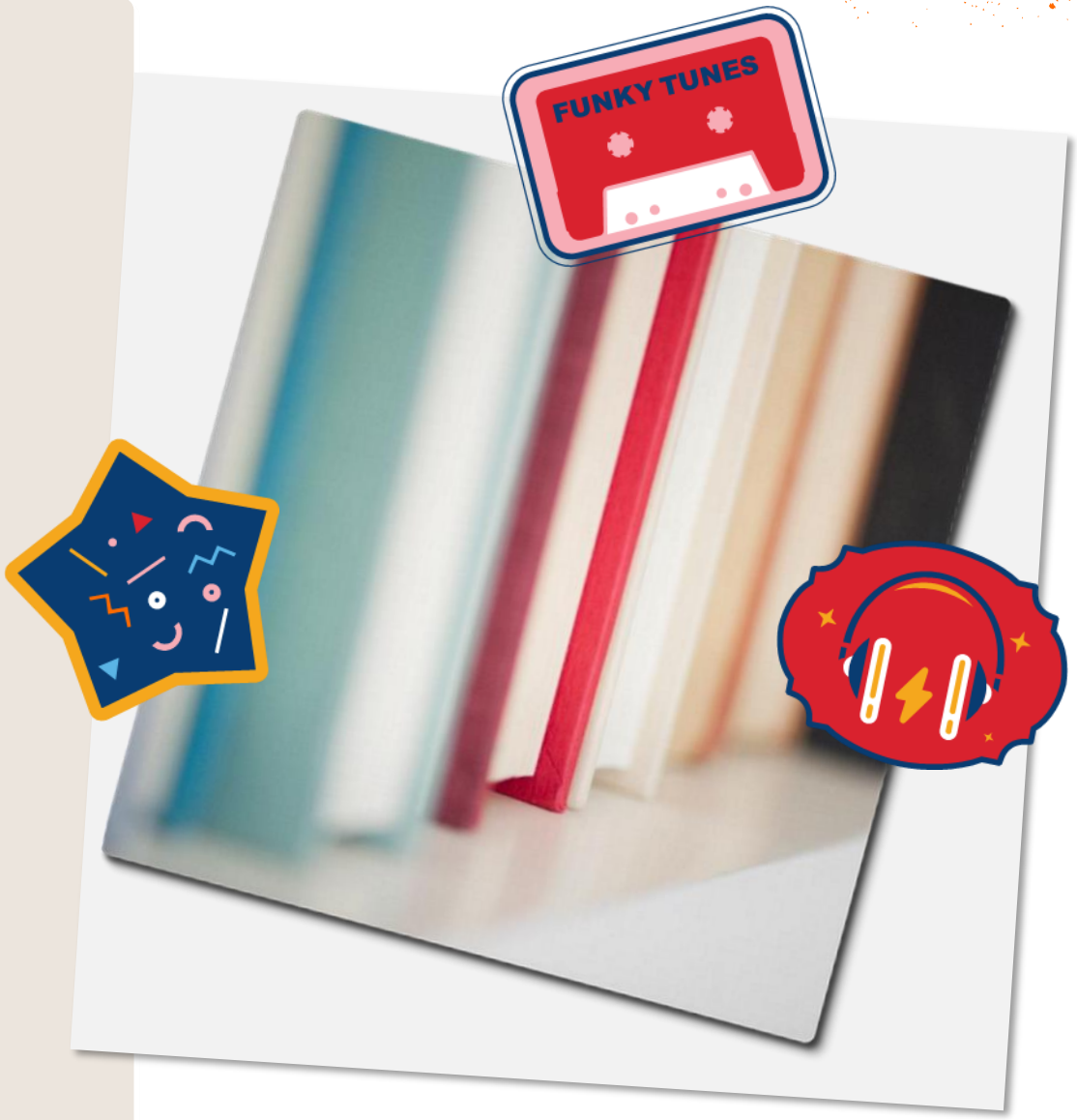
3-

4- Do hypersensitivity test

5-

BOFFIN

SLIDE NO 4



Q-Female patient operated breast cancer before three days

1. Which breast had been removed ?
2. What you call this complication ? And how it occurred ?
3. What abnormality may see in the affected side of upper limb ?
4. If you see there is wound dehiscence at the surgical site what it means ?

1- Right breast

2-Winging of the scapula due to injury of the right thoracic nerve

3-Inability to raise the arm above the shoulder

4-Wound dehiscence, as defined by Mayo Clinic, is when a surgical incision reopens either internally or externally due to:-

a- Obesity or Malnutrition

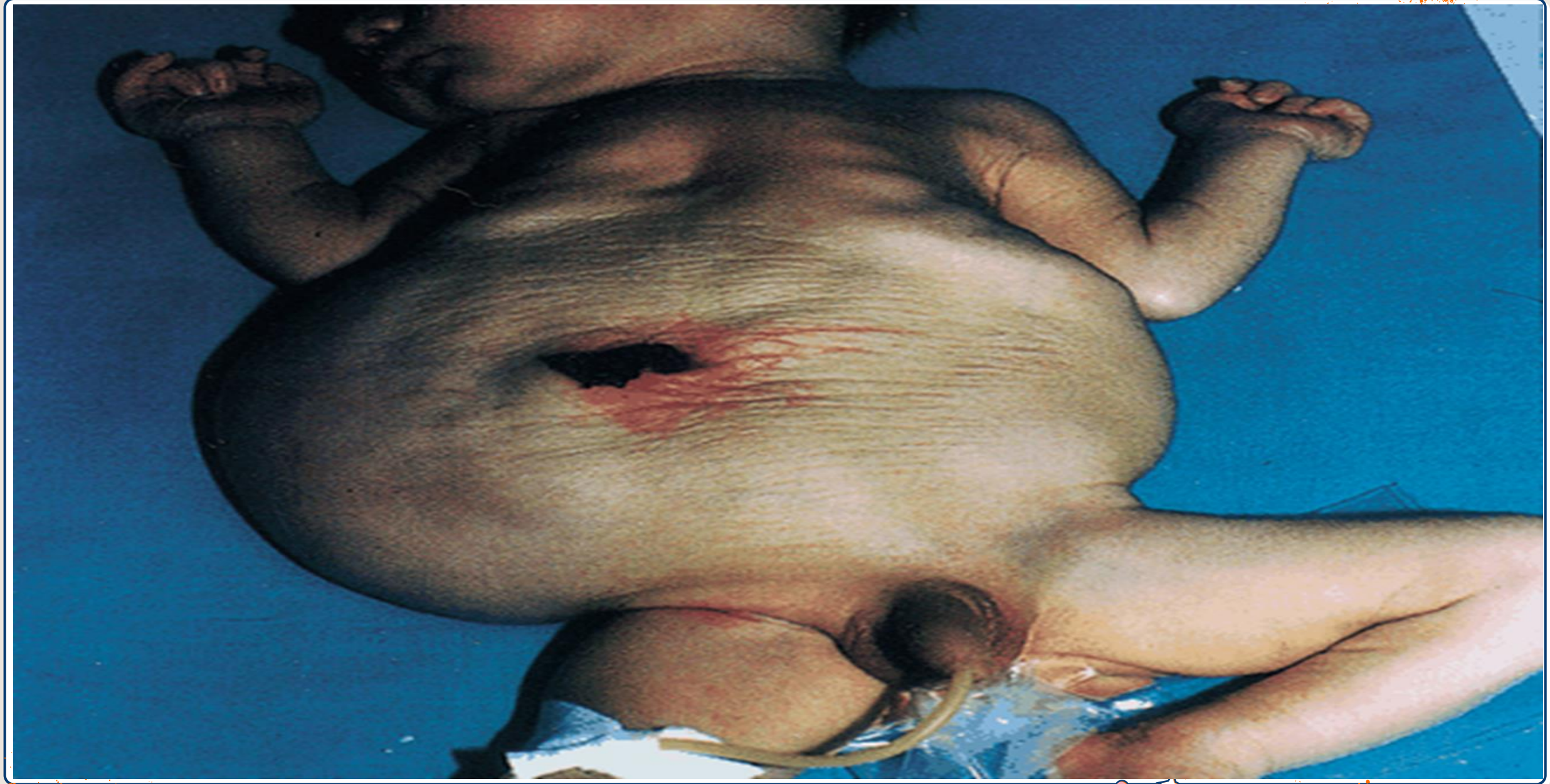
b- Infection

c- Smoking

d- Surgeon inexperience

e- Peripheral vascular, respiratory, and cardiovascular disorders

SLIDE NO 5



Q-Newly born male for normal parent Seen by pediatric surgeon today where syndromic bay was diagnosed

1. What is the diagnosis ?
2. Commonest anomaly associated with this diagnosis ?
3. Common urogenital anomaly confined to males?
4. Common two anomalies related to the renal system?
5. Frequent type of infection necessitate frequent use of antibiotics ?

1-Prune belly syndrome (plum abdominal syndrome).

2- Partial or complete lack of abdominal wall muscles. There may be wrinkly folds of skin covering the abdomen.

3- Cryptorchidism (undescended testicles) in males

4-Urinary tract abnormality such as unusually large ureters, distended bladder, accumulation and backflow of urine from the bladder to the ureters and the kidneys (vesicoureteral reflux)

5-Frequent urinary tract infections due to the inability to properly expel urine.

SLIDE NO 6

Q-32 years-female with toxic goiter prepared for surgery, after a period of 6 months

1. Ideal method of surgery ?
2. Most common complication during surgery ?
3. Three points to be discussed with the patient before surgery ?
4. What are the early sign of hypocalcaemia ?
5. Best early advice to prevent keloids ?

1-Total thyroidectomy

2-Injury of recurrent laryngeal nerve

a) The need of long-term use of thyroxine

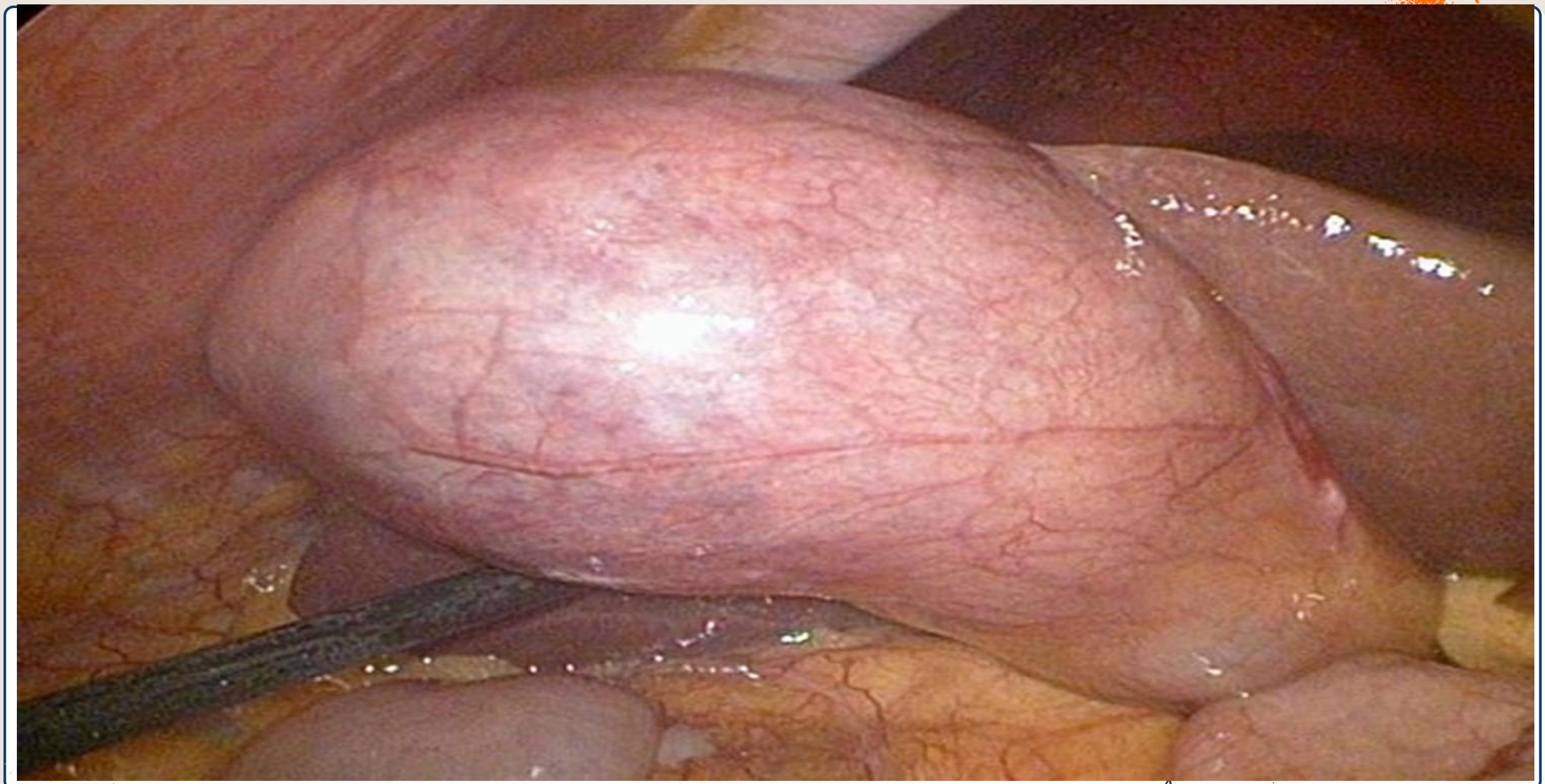
b) The possibility of injury of recurrent laryngeal nerve which leads to hoarseness of voice and dyspnea on exertion

c) The possibility of injury of the parathyroid gland which leads to hypocalcemia

4- Oral, perioral and acral paresthesia, tingling or 'pins and needles' sensation in and around the mouth and lips, and in the extremities of the hands and feet.

5- Continuous pressure by silicone gel sheets

SLIDE NO 7



Q-Female 44 years presented with severe right upper abdominal pain Associated with nausea , vomiting and fever

1. What is the possible diagnosis ?
2. Best diagnostic investigation of choice ?
3. Mention 2 organs in this view ?
4. What is the first attempt that should be done by the surgeon to facilitate the operation ?
5. Important and common complication may be associated with this surgery ?

1- Acute cholecystitis (calcular)

2- Abdominal ultrasound

3- Gallbladder and liver

4- Elevation of the liver

5- Biliary leakage due to either slipping of the ligature on the cystic duct or to injury of the biliary apparatus.

BOFFIN

SLIDE NO 8

Q-In this Breast of 45 years woman

1. Spot diagnosis ?
2. Method for definitive diagnosis ?
3. Stage of the disease according to Manchester
4. Stage of the disease according to TNM
5. Histological diagnosis ?

1- Paget’s disease

2-Biopsy of the erosion

3- Stage 1

4- Tis carcinoma in situ

5- Histologically there are three characteristic features which are Paget’s cells, hyperplasia of all layers of the epidermis, and round –cell infiltration of the dermis.

Paget’s cells are clear vacuolated cells with small dark staining nuclei which occur alone or in clusters in the deeper layers of the epidermis.

SLIDE NO 9

Q-24 male patient, rheumatic heart disease Recently had replaced the mitral valve before one week present with severe pain in the right upper limb.

1. Possible diagnosis ?
2. Possible cause ?
3. Treatment at moment ?
4. Precaution to prevent similar condition ?

1- Embolic acute ischemia

2- After showering from mitral valve thrombus or occurrence infective endocarditis ??

3- Limb amputation

4- Administration of proper anticoagulants and antibiotics

SLIDE NO 10

1.Spot diagnosis ?

2. mention three common co morbid diseases?

3. important causative agent?

4. methods of treatment ?

5.common organ at risk ?

6.mortality rate if reached to hospital in sepsis ?

1- Fournier’s Gangrene

2- Diabetes, alcoholic, malnourished and immunosuppressed patients.

3- Mixed microbial flora including microaerobic streptococci, staphylococci. Gram negative bacteria and anaerobes especially peptostreptococci and bacteroids.

4- Fournier gangrene is a urological emergency requiring intravenous antibiotics and debridement (surgical removal) of dead tissue, hyperbaric oxygen therapy may be useful and acts to inhibit the growth of and kill the anaerobic bacteria, blood transfusion, nutritional support and control of diabetes if present

5-Fournier's gangrene (FG) is a fulminant form of infective necrotizing fasciitis of the perineal, genital, or perianal regions, which commonly affects men, but can also occur in women and children.

6- 20-40% ??

BOFFIN

SLIDE NO 11

Q-60 year-male patient Present with multiple skin nodules and in the last 2 years , he developed redundant irregular skin The surgeon refuse the surgical intervention

1. Diagnosis ?
2. origin of the pathology ?
3. method of inheritance ?
4. common indication of surgical excision ?
5. other modality of treatment ?

1-Neurofibromatosis

2- Proliferative condition of the endoneurium of nerves

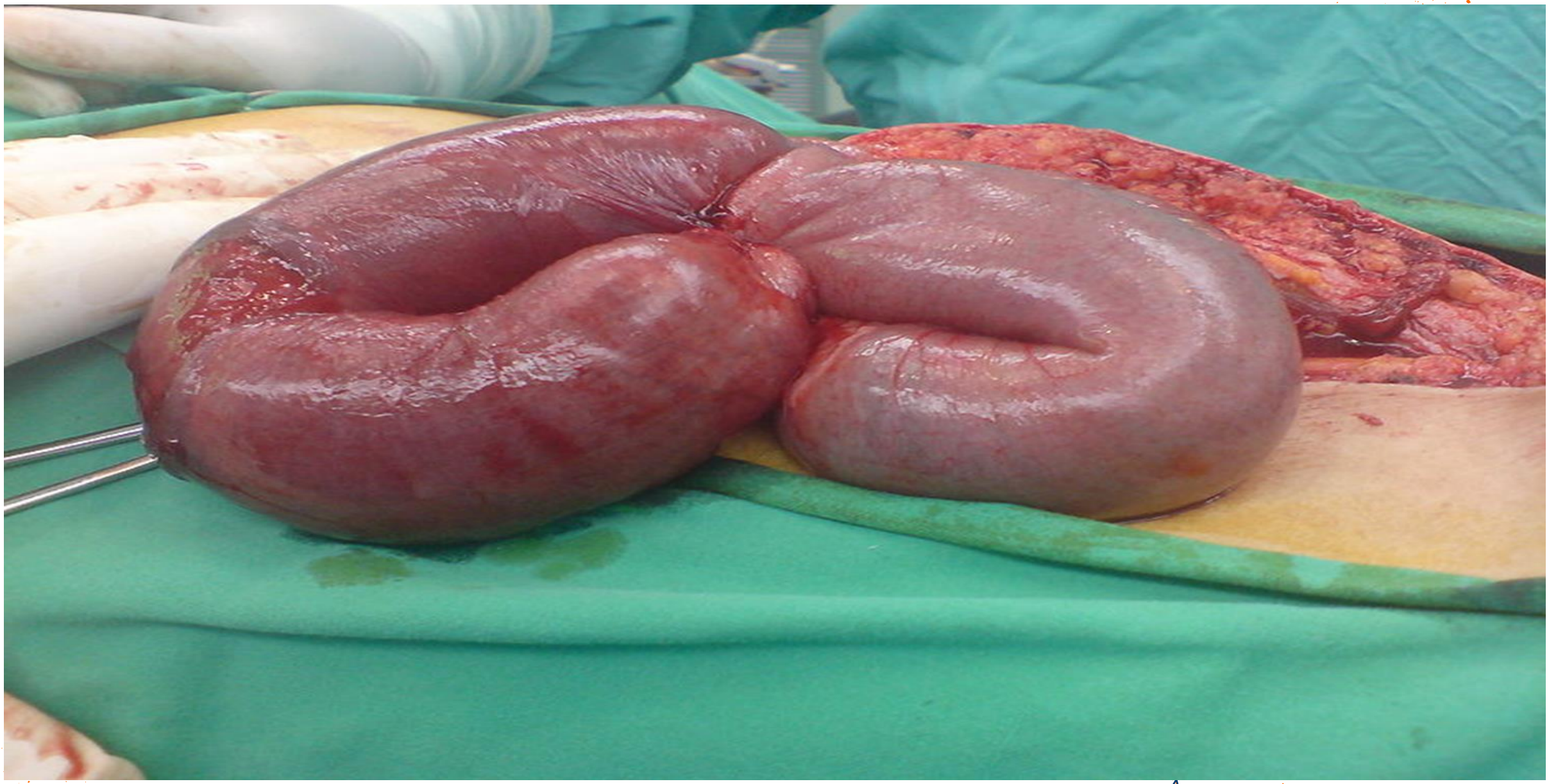
3- Autosomal dominant disorders

4- Very large tumors, Painful tumors and tumors producing pressure symptoms.

5- Chemotherapy, radiation, aggressive management of associated pain

BOFFIN

SLIDE NO 12



Q-Female patient of 34 years Presented to the ER with severe colicky abdominal pain , and vomiting for three days One day absolute constipation with central abdominal distension

1. possible diagnosis ?
2. two important points in the history ?
3. one radiological study and its possible findings ?
4.one important biochemistry investigation?
5. diagnosis according to the illustrated image ?
6. best treatment ?

1- intestinal obstruction

2- Severe colicky pain and absolute constipation

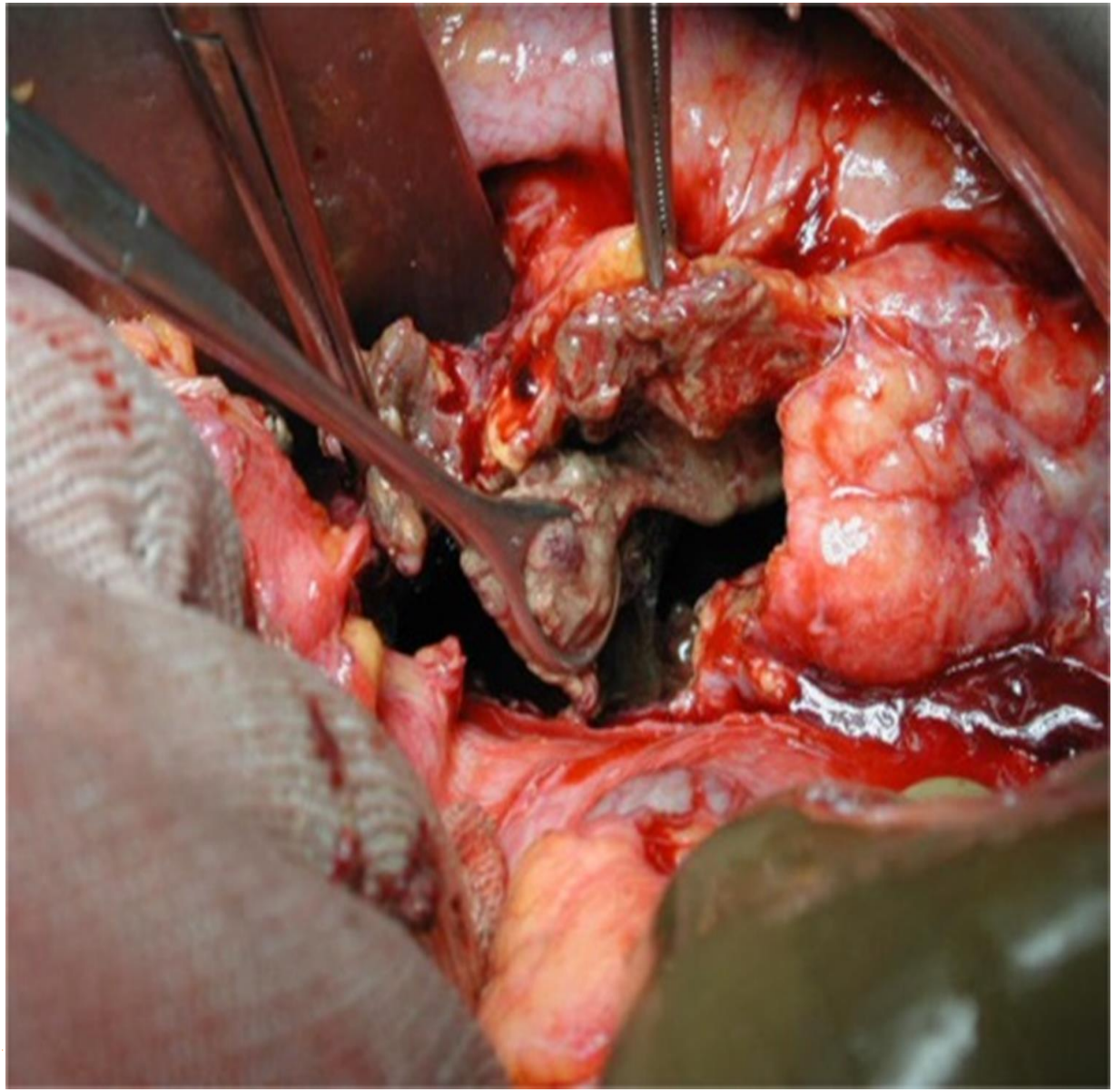
3- Plain X-ray of the abdomen showing multiple air fluid level on an erect film and on supine film the level of obstruction is known by the gas pattern of the distended proximal intestine.

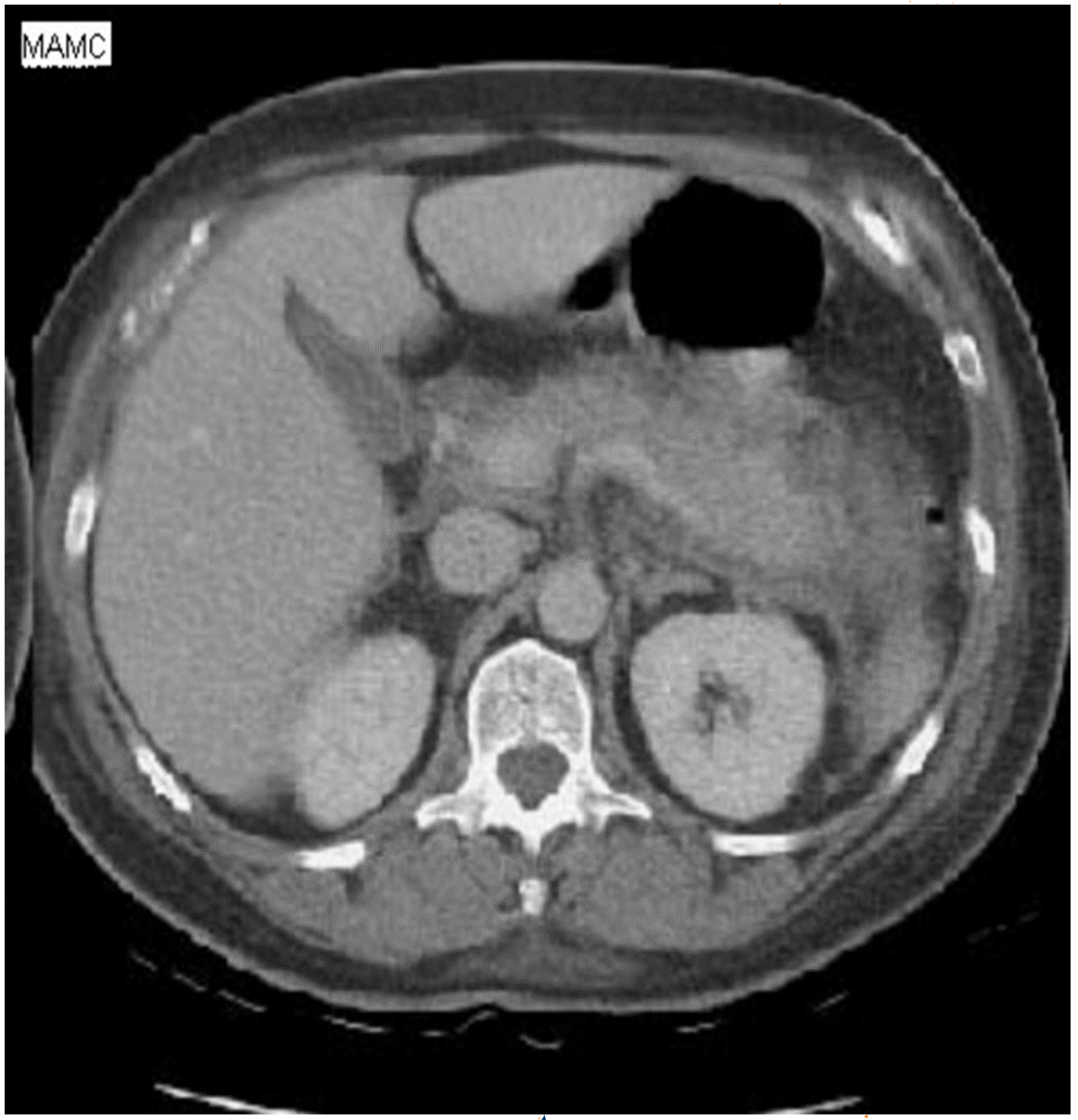
4- Electrolytes

5- Close loop small bowel obstruction

6- Exploration and resection anastomosis

SLIDE NO 13




MAMC

Q-In this alcoholic man with sudden severe abdominal pain

1. how can you inquire about the pain ?
2.findings on the imaging study ?
3. diagnosis from the surgical findings ?
4. two causes of death in this patient ?
5. one common remote complication?

1- the site of the pain, the onset, the inducing and relieving factors, the site of radiation and relation to the meals and alcohol.

2- enlargement of the pancreas and peripancreatic edema

3- hemorrhagic necrotizing pancreatitis

4- Hemorrhagic shock, ARDS, Renal failure and coagulation system failure

5- Tetany sometimes occur from hypocalcemia

BOFFIN

SLIDE NO 14

Q-This boy exposed to road traffic accident resulted in this type of injury

1. Name this type of injury ?
2.Best initial treatment ?
3. If this wound seen dirty ,, what prophylactic measures should be followed ?
4. What had been done for him?
5. Common single and dangerous complication of this surgery ?

1- Degloving injury

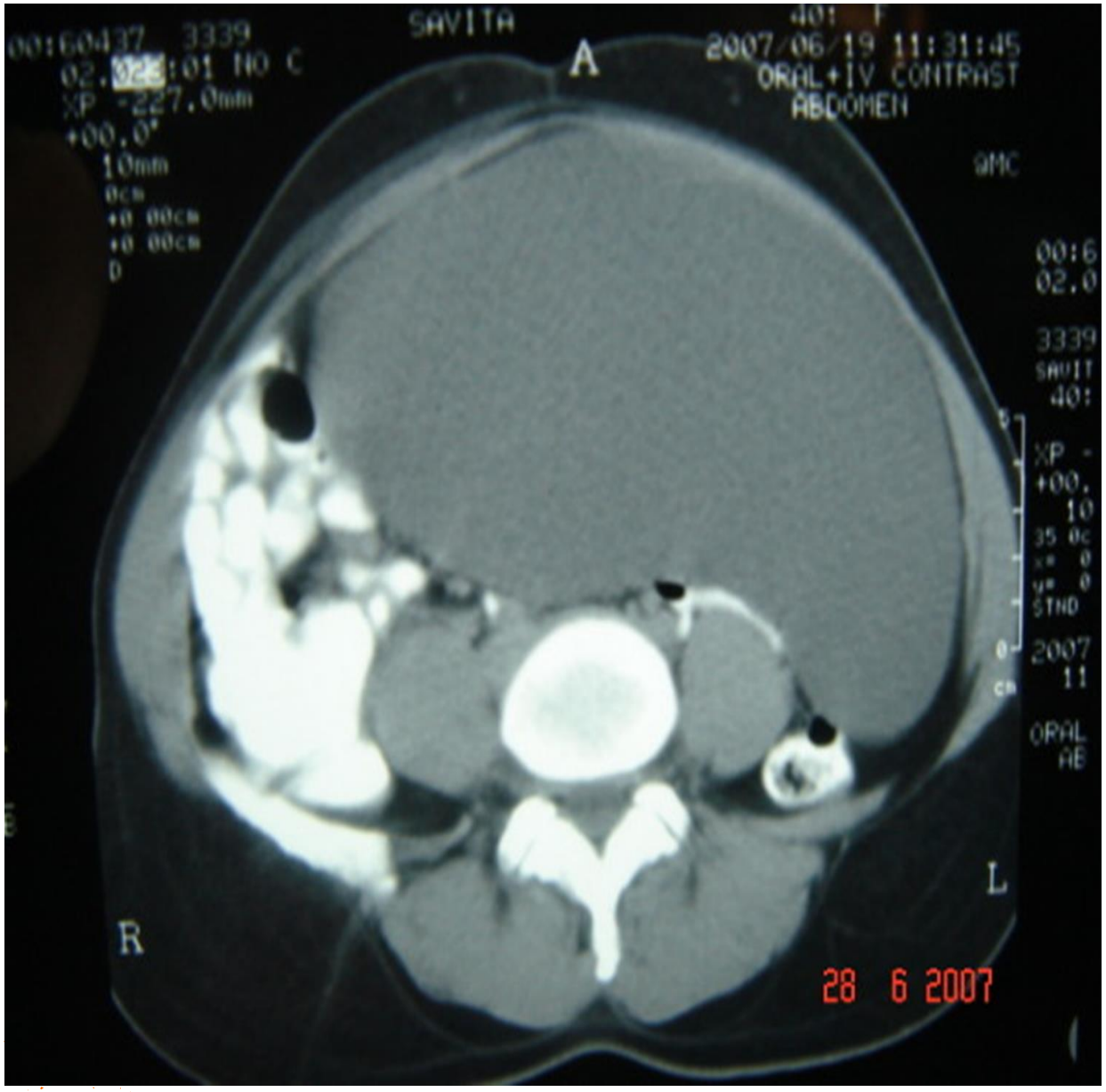
2- Resuscitation, Debridement, Dressing

3- Cleaning, Tetanus immunoglobulin and toxoid, Antibiotics

4- Abdominal flab

5- Infection

SLIDE NO 15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Q-A 42-year-old female presented to us with progressive distension of abdomen of one-year duration. There was no history of anorexia or weight loss. It was associated with mild dull aching pain all over the abdomen

1. possible diagnosis ?
2. the site and the origin of such swelling?
3. most common symptom?
4. treatment of choice ?
5. prognosis ?

1- Huge omental lymphatic cyst

2-Omental cysts are rare and are mostly derived from lymphatic tissue. They are present in the lesser or greater omentum and are lined by endothelium. Omental cyst occurs in all age groups, but most often presents in children and young adults

3-They can manifest as a chronic or acute abdomen. Chronic symptoms include progressive abdominal distension and pain. The mass may be huge, simulating ascites. The most common mode of acute presentation is that of a small-bowel obstruction, which may be associated with intestinal volvulus or infarction, hemorrhage into the cyst, infection, rupture, cystic torsion, and obstruction of the urinary and biliary tract.

4- Omental cysts can be removed without endangering the adjacent bowel.

5-Prognosis is excellent.

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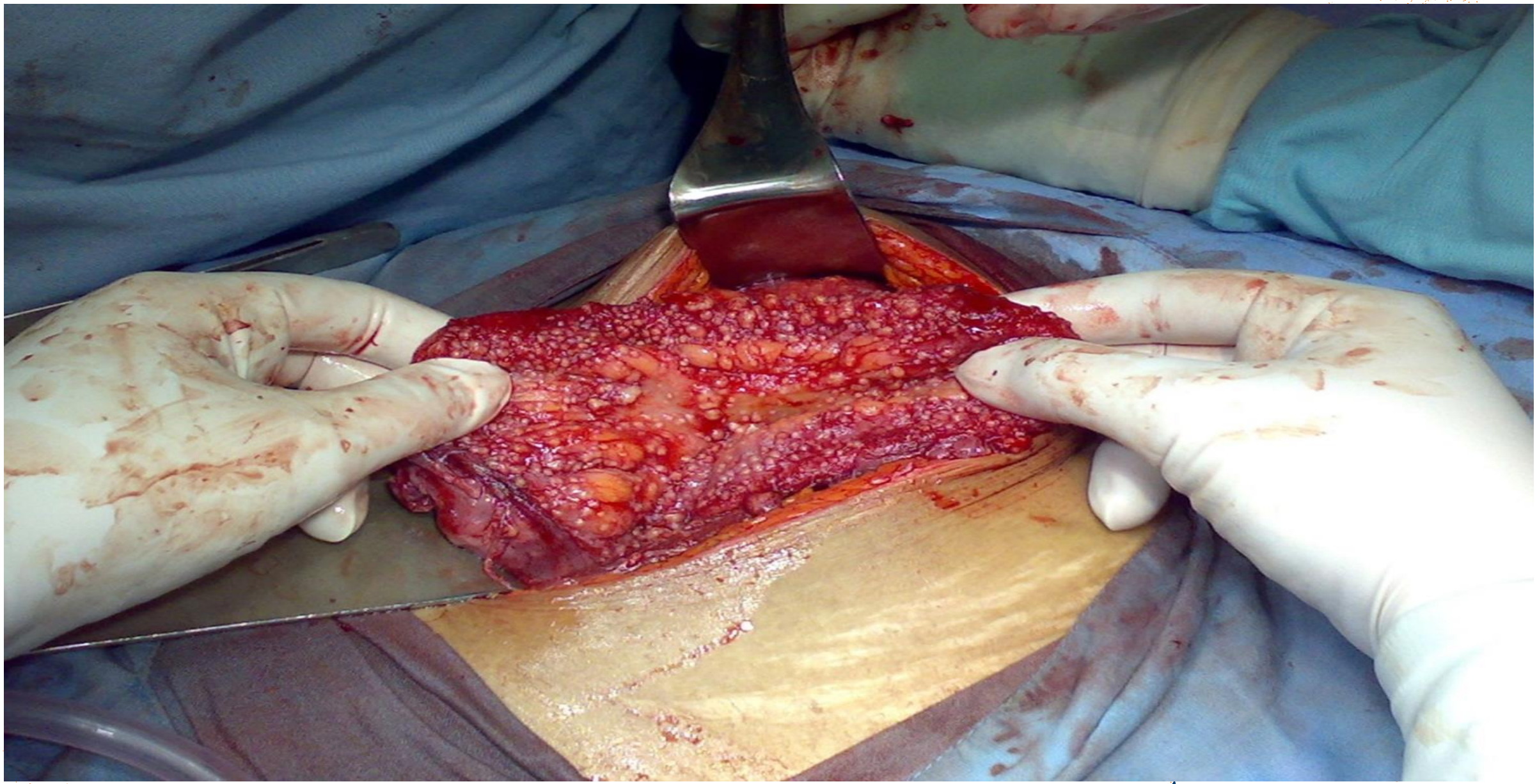
SLIDE NO 16



Q-This is the intra operative finding of a female patient 31 years Long standing abdominal pain , anorexia and loss of weight

1. possible diagnosis ?
2. finding during this surgery ?
3. schedules of treatment ?
4. option of the treatment if she get pregnancy ?

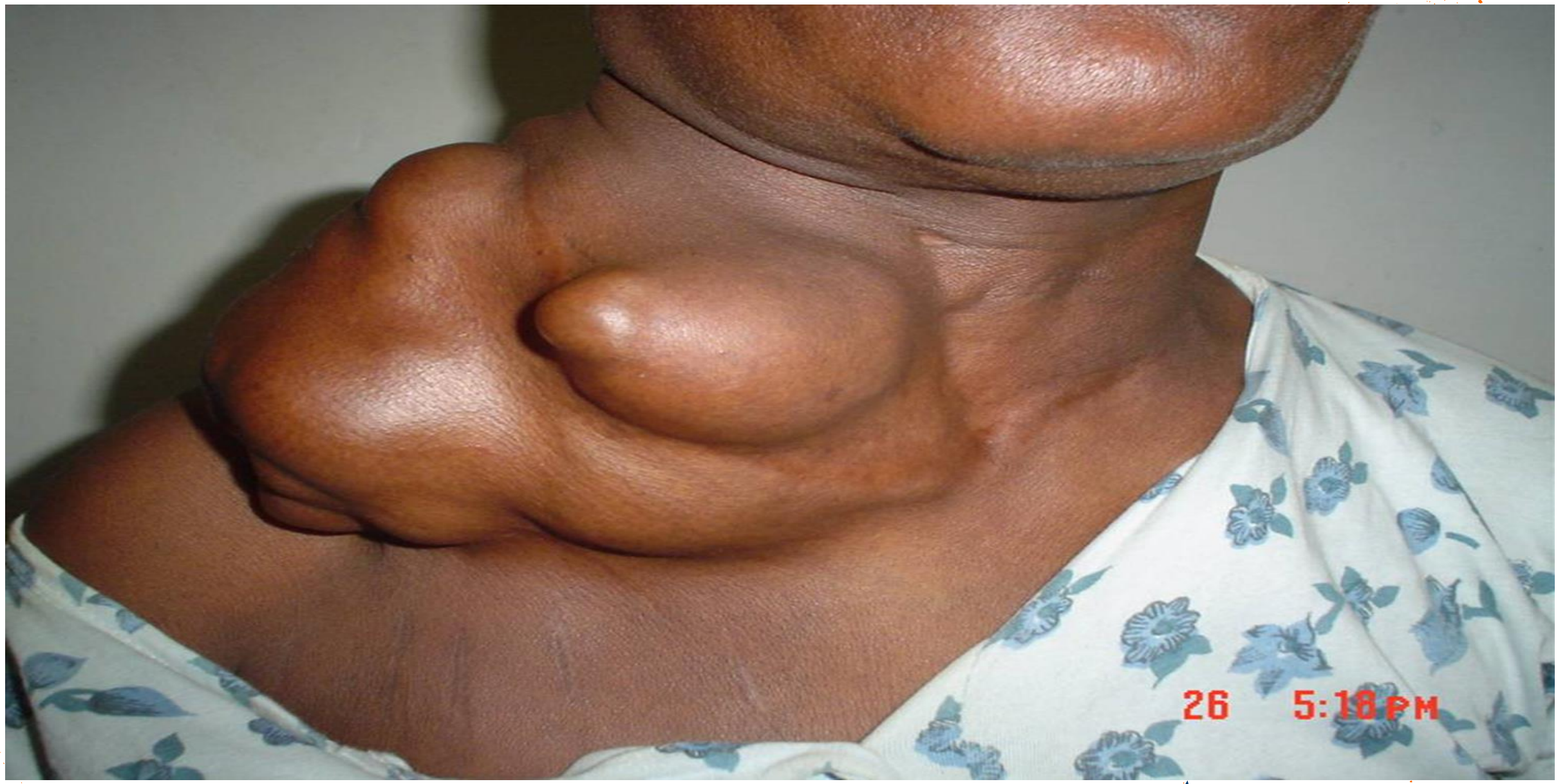
1- Tuberculous peritonitis

2-It is caseous type, so the peritoneum is studded with tubercles and is thickened, multiple collection of caseous material are present among the adherent bowel and omentum, cold abscess may be formed.

3- At least two antituberculous drugs e.g. isonictonic acid hydrazide and rimactane are prescribed for at least one year.

4-The preferred initial treatment regimen is INH, rifampin (RIF), and ethambutol (EMB) daily for 2 months, followed by INH and RIF daily, or twice weekly for 7 months (for a total of 9 months of treatment). Streptomycin should not be used because it has been shown to have harmful effects on the fetus. Pyrazinamide (PZA) is not recommended to be used because its effect on the fetus is unknown.

SLIDE NO 17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Q- 40 year-female long standing of multinodular thyroid swelling under no treatment Sudden enlargement with vague pain

1. Important two other questions in the history?
2. Possible diagnosis at moment ?
3. Investigation of choice ?
4. Options of treatment ?

1- Referral of pain to ear and if there is dyspnea or not?

2- Thyroid carcinoma

3- FNAC

4- Total thyroidectomy and postoperative thyroid scan to detect any residual lesion and L-Thyroxine 0.2mg/day to suppress TSH

Management of lymph nodes and blood metastasis if present

SLIDE NO 18

1. Spot diagnosis ?

2. Two common complications ?

3. Options of treatment ?

1- Complete rectal prolapse

2- Irreducibility, Ulceration and gangrene are possible complications.

3- Rectopexy, Ventral rectopexy, Sigmoid resection and rectopexy, Perineal protectomy, Delorme’s operation and Narrowing of the anus (Thiersch’s operation)

BOFFIN

SLIDE NO 19

Friend

1. Spot diagnosis ?

2. Origin of pathology ?

3. Indication of surgery?

4. Usual method of treatment ?

1- Hemangioma

2-Endothelial lining of vascular spaces

3- Periorbital hemangioma may encroach on the visual field as in the photo, other indications if it is causing serious bleeding from ruptured large liver hemangioma and rarely in large cutaneous or visceral hemangioma causing congestive heart failure.

4- Oral or intralesional corticosteroids, laser photocoagulation and surgical excision.

BOFFIN

SLIDE NO 20

Department of Radiology
General University
Hospital
and
First Faculty of
Medicine
Charles University
in
Prague

1. Spot diagnosis ?
2. Possible diagnosis ?
3. Options of treatment at this stage ?
4. Prognosis ?

1- Fungating breast cancer

2- Infiltrating ductal carcinoma is the most common type of invasive breast cancer

3- When systemic, surgical, and interventional radiological options are exhausted, radiation therapy can be an effective and safe option to achieve local control and reduce physical and psychological burden.

4- Poor prognosis

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